



Bib Data Sheet

CONFIRMATION NO. 9834

SERIAL NUMBER 09/638,641	FILING DATE 08/14/2000  RULE	CLASS 164	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 39352/NEC/K 163
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APPLICANTS

Kevin Woehr, Felsberg, GERMANY;

Manfred Orth, Kassel, GERMANY;

Mark Wynkoop, Coopersberg, PA;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/183,697 10/30/1998 PAT 6,287,278

which is a CIP of 09/097,170 06/12/1998 PAT 6,117,108

which is a CIP of 08/915,148 08/20/1997 ABN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/03/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 17	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

ADDRESS

23363

CHRISTIE, PARKER & HALE, LLP

350 WEST COLORADO BOULEVARD

SUITE 500

PASADENA , CA

91105

TITLE

SPRING CLIP SAFETY IV CATHETER

FILING FEE  RECEIVED 1942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

<b>SERIAL NUMBER</b> 09/638,641	<b>FILING DATE</b> 08/14/2000 <b>RULE</b> -	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 373563	<b>ATTORNEY DOCKET NO.</b> 39352/NEC/K 163
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**APPLICANTS**

Kevin Woehr, Felsberg, GERMANY;  
Manfred Orth, Kassel, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CIP OF 09/183,697 10/30/1998  
WHICH IS A CIP OF 09/097,170 06/12/1998 PAT 6,117,108  
WHICH IS A CIP OF 08/915,148 08/20/1997 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 10/03/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 49	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

Christie Parker & Hale LLP  
PO Box 7068  
Pasadena ,CA 91109-7068

**TITLE**

Spring clip safety IV catheter

<b>FILING FEE RECEIVED</b> 1342	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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Bib Data Sheet

CONFIRMATION NO. 9834

<b>SERIAL NUMBER</b> 09/638,641	<b>FILING DATE</b> 08/14/2000 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 39352/NEC/K 163
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**APPLICANTS**  
Kevin Woehr, Felsberg, GERMANY;  
Manfred Orth, Kassel, GERMANY;  
*Yes/KCS* *Mark Wynkoop*  
*Coopersberg, PA*

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A CIP OF 09/183,697 10/30/1998 PAT 6,287,278  
WHICH IS A CIP OF 09/097,170 06/12/1998 PAT 6,117,108  
WHICH IS A CIP OF 08/915,148 08/20/1997 ABN  
*None/KCS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 10/03/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 49	<b>INDEPENDENT CLAIMS</b> 3
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35 USC 119 (a-d) conditions met  
Verified and Acknowledged  
Examiner's Signature *KCS* Initials

**ADDRESS**  
23363

**TITLE**  
Spring clip safety IV catheter

<b>FILING FEE RECEIVED</b> 1774	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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